

NAME OF THE HOSPITAL: \_\_\_\_\_

15). Oesophageal Varices, Sclerotherapy- One Day Stay: M14V1.5

1. Name of the Procedure: Oesophageal Varices, Sclerotherapy

2. Indications: Oesophageal varices

3. Did the patient present with Hematemesis/ Malena/ Iron deficiency anemia: Yes/No

4. If the answer to question 3 is Yes is there evidence of Oesophageal varices in Upper GI Endoscopy: Yes/No (Upload reports)

For Eligibility for Oesophageal Varices, Sclerotherapy the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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